

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047766

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 213

FILED DEC 18 1963

1. PLACE OF DEATH a. COUNTY <i>Grundy</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Warren</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Trenton</i>		Length of stay in lb <i>2 yrs</i>	c. CITY OR TOWN <i>Jamesport</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Whitefield Nursing Home</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>Jamesport</i>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <i>ANNA JOSEPHINE THOMPSON</i>			4. DATE OF DEATH Month <i>Dec.</i> Day <i>6</i> Year <i>1963</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>1/26/1874</i>	9. AGE (last birthday) <i>89</i>	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>			10b. KIND OF BUSINESS OR INDUSTRY		
11a. FATHER'S NAME <i>Francis Thompson</i>			11b. MOTHER'S MAIDEN NAME <i>Mary Jane Hill</i>		
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			13. INFORMANT <i>E.K. Thompson</i>		
			Address <i>Jamesport, Mo.</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture of Tibia</i> DUE TO (b) <i>Fall</i> DUE TO (c) <i>arterio-sclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Fall</i>
20c. TIME OF INJURY Hour <i>11:30</i> a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from <i>Dec 1 63</i> to <i>Dec 6, 63</i> and last saw her alive on <i>Dec 5-63</i> Death occurred at <i>11:30 AM</i> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>E. K. Thompson</i> (Degree or title)	22b. ADDRESS <i>Jamesport Mo</i>	22c. DATE SIGNED <i>12/10/63</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Dec. 8-1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Masonic</i>	23d. LOCATION (City, town, or county) <i>Jamesport Missouri</i>
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24. FUNERAL DIRECTOR <i>H.A. Robinson</i>	25. DATE RECD. BY LOCAL REG. <i>12-18-63</i>	26. REGISTRAR'S SIGNATURE <i>Frene J. J. J.</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0405

2 0310

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99049

10 45

11 040

12 86-0

13 10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *W. Johnson*

Licensed Embalmer No. *50745*

P. O. Address *Johnsburg, Ill.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.